

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2010 - 187 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

Application for a Class C Charter Bus Certificate

(Please type or print)

Submitted by: David P. Smith dba Telephone: (704) 779-3118

Royal Limousine LLC

Address: 104 Vance St. Fax: (803) 222-9668

Clover, SC 29710

Other: \_\_\_\_\_

Email: royallimousine@juno.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☒ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: \_\_\_\_\_

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CLASS C - CHARTER BUS CERTIFICATE

CLASS C - CHARTER BUS

Date: 11 May, 2010

Application is hereby made for a Class C - Charter Bus Certificate.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Royal Limousine LLC

106 Vance St. Clover, SC 29710  
Street Address of Applicant

\_\_\_\_\_  
Mailing Address of Applicant if different from street address

704 779-3118 803-222-9668  
Phone FAX

royallimousine@juno.com  
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
Hummer	2007	5GRGN23U77H105266	6590	20



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/19/2010PRODUCER (704) 945-7127  
The Garner Group LLC  
4601 Park Rd. Suite 610THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION  
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE  
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR  
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Charlotte NC 28209-

INSURED Royal Limousine, LLC  
106 Vance Street

Clover SC 29710-

## INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Delos Insurance Company

INSURER B: Southern United Fire Ins.

INSURER C:

INSURER D:

INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING  
ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR  
MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH  
POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A X	GENERAL LIABILITY	APP38138126	08/19/2008	08/19/2009	EACH OCCURRENCE \$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY		/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	CLAIMS MADE X OCCUR		/ /	/ /	MED EXP (Any one person) \$ 5,000
			/ /	/ /	PERSONAL & ADV INJURY \$ 1,000,000
			/ /	/ /	GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		/ /	/ /	PRODUCTS - COMP/OP AGG \$
	POLICY PRO-JECT LOC		/ /	/ /	
B X	AUTOMOBILE LIABILITY	D5P11072-00	08/19/2009	08/19/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000
	ANY AUTO		/ /	/ /	
	ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per person) \$
	X SCHEDULED AUTOS		/ /	/ /	
	X HIRED AUTOS		/ /	/ /	BODILY INJURY (Per accident) \$
	X NON-OWNED AUTOS		/ /	/ /	
	X \$1000 Ded.		/ /	/ /	PROPERTY DAMAGE (Per accident) \$
			/ /	/ /	
	GARAGE LIABILITY		/ /	/ /	AUTO ONLY - EA ACCIDENT \$
	ANY AUTO		/ /	/ /	OTHER THAN EA ACC \$
			/ /	/ /	AUTO ONLY: AGG \$
	EXCESS / UMBRELLA LIABILITY		/ /	/ /	EACH OCCURRENCE \$
	OCCUR CLAIMS MADE		/ /	/ /	AGGREGATE \$
			/ /	/ /	\$
	DEDUCTIBLE		/ /	/ /	\$
	RETENTION \$		/ /	/ /	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	/ /	/ /	E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	E.L. DISEASE - EA EMPLOYEE \$
			/ /	/ /	E.L. DISEASE - POLICY LIMIT \$
	OTHER		/ /	/ /	
			/ /	/ /	
			/ /	/ /	

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Policy includes 2008 Chrysler 300 2C3KA536584129570, 2007 Hummer 5GRGN23V77H105266 and 2001 Ford 1FNU40L71E1318705

## CERTIFICATE HOLDER

( ) - ( ) -

FOR PROOF OF INSURANCE ONLY

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION  
DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \* DAYS WRITTEN  
NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL  
IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR  
REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Royal Limousine LLC

Name of Motor Carrier

1016 Vance St. Clover, SC 29710

Address of Motor Carrier

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ \_\_\_\_\_

Limits \_\_\_\_\_

The above quoted premium is for a term of \_\_\_\_\_ months.

**Minimum Limits - Intrastate Only:**

**16 or More Passengers      \$ 25,000/300,000/25,000**

*see attached*

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

**Exhibit FWA**

Royal Limousine LLC  
Name

1856283 683454  
U.S.D.O.T No. ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☒ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF

York




Applicant's Signature

I, David P. Smith, Owner  
Name of Applicant's Representative Title

of Royal Limousine LLC,  
Applicant

the Applicant for the Charter Bus Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Signature of Applicant's Representative

SWORN TO BEFORE ME

This 19th day of May, 20 10

John M. Raulo  
Notary Public

Commission Expires

8-25-18



# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

ROYAL LIMOUSINE LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on May 6th, 2010, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the  
State of South Carolina this 7th day of May,  
2010

*Mark Hammond*

Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT  
COPY AS TAKEN FROM AND COMPARED  
WITH THE ORIGINAL ON FILE IN THIS OFFICE

May 07 2010

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

100507-0122

Filed: 5/6/2010

ROYAL LIMOUSINE LLC

Filing Fee: \$110.00 ORIG

  
Mark Hammond South Carolina Secretary of State

**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION  
FOR A  
LIMITED LIABILITY COMPANY**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the 1976 South Carolina Code of Laws, as amended is ROYAL LIMOUSINE LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is  
106 VANCE ST

Street Address

CLOVER SC

297101138

City

Zip Code

3. The initial agent for service of process of the Limited Liability Company is  
DAVID P SMITH Electronically filed on SCBOS.  
Signature not required.

Name

Signature

and the street address in South Carolina for this initial agent for service of process is

106 VANCE ST

Street Address

CLOVER SC

297101138

City

Zip Code

4. The name and address of each organizer is

a) DAVID P SMITH

Name

106 VANCE ST

Street

CLOVER

SC US

297101138

City

State

Zip Code

Page 1 of 1

**Signature Page Attachment to South Carolina Business One Stop  
(SCBOS) for the State of South Carolina Secretary of State**

This page must be completed, scanned, and submitted as an attachment when filing on SCBOS.


**Type of Filing:** ARTICLES OF ORGANIZATION (Limited Liability Company)**As Of:** May 08, 2010 4:39 PM**Name of Limited Liability Company:**

Royal Limousine LLC

**Signature of Each Organizer:**

David P Smith

Name

  
Signature

Date

6th MAY 2010

Fax or e-mail your completed forms to:

SC Secretary of State  
(803) 734-1610  
SCBOS@SOS.SC.GOV(Please e-mail signature forms in the following file  
formats only: Adobe .PDF, .GIF, or .JPEG  
extensions.)